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|--|----|------------------------|-------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |    | Application Number     | 10/582,959        |
|  |    | Filing Date            | June 15, 2006     |
|  |    | First Named Inventor   | Hitoshi TAKAMATSU |
|  |    | Group Art Unit         | 3654              |
|  |    | Examiner Name          | Stefan Kruer      |
| Total Number of Pages in This Submission   | 10 | Attorney Docket Number | 740165-428        |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> <b>Amendment / Reply</b><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks  | <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional<br>fees required or credit any overpayments to Deposit Account<br>No. 50-2478 for the above-identified docket number.  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm<br>or<br>Individual name              | <u>Thomas W. Cole, Reg. No. 28,290</u><br>Roberts Mlotkowski Safran & Cole, P.C.<br>P.O. Box 10064<br>McLean, VA 22102 |
| Signature                                  |                                     |
| Date                                       | September 10, 2008   |

| CERTIFICATE OF MAILING OR TRANSMISSION   |  |      |  |
|--|--|------|--|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (571) 273-8300) on the date shown below. |  |      |  |
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| Signature  |  | Date |  |